

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 210
Registered No. 419

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 484 - Miami, Ariz.
City Miami No. Miami, Insp. Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
If child is not yet named, make supplemental report, as directed.

2. Full name of child William Joseph Paul
3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other. yes 6. Legitimate? yes 7. Date of birth June 26 - 1930
5. No., in order of birth. _____ Month Day Year

8. FATHER
Full name John Thomas Paul
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
10. Color or race Cauc.
11. Age at last birthday 29 (Years)
12. Birthplace (city or place) Morenci, Arizona
(State or country)
13. Occupation Clerk
Nature of Industry Int. Smelting Co.

14. MOTHER
Full maiden name Mary Ellen Culver
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state. Arizona
16. Color or race Cauc.
17. Age at last birthday 26 (Years)
18. Birthplace (city or place) Anaconda, Mont.
(State or country)
19. Occupation Housewife
Nature of Industry Housewife

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 3
(b) Born alive but now dead 0
(c) Stillborn 0
21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at 7:30 P. m. on the date above stated.
(Born alive or stillborn)

Signature Byril M. Brown M.D. (Physician or midwife)
Address Miami, Arizona
Given name added from a supplemental report _____
Month, day, year _____
Filed July 8 1930 Registrar L. E. Smith
Registrar _____

673-626-439